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APPLICANTSSeymour H. Fein, New Canaan, CT; *ADP***** CONTINUING DATA *******This application is a CIP of PCT/US03/14463 05/06/2003 *ADP***** FOREIGN APPLICATIONS *******UNITED KINGDOM 0210397.6 05/07/2002 *ADP*IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
03/04/2004**** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 9	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

51414

TITLE

Pharmaceutical compositions including low dosages of desmopressin

FILING FEE RECEIVED 536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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